Hot Topics

Commercial Medicaid Managed Care

What does it mean now that Commercial Medicaid Managed Care is in the implementation process?

Definitions:
STEP I: acute medical & mental health needs
STEP II: long-term supports & services

- ***It means*** that for STEP I individuals have been required to select one of two commercial managed care organizations (MCOs) and their networks. Some individuals were forced to sever long-term trusted relationships with doctors/specialists/facilities because they are not in an MCO network. To date people still do not have access to specialists and hospitals like Mass General and Boston Children's Hospital denying some of our most vulnerable citizens with rare and complex medical conditions to choose medical professionals that know them best.
- ***It means*** four years later individuals and families have had to bear the brunt of ongoing STEP I operational issues including prior authorization and prescription treatment denials, appeals, etc. which has resulted in untold hours of uncompensated time spent navigating the new system.
- ***It means*** in spite of what the concept of commercial managed care is supposed to do for you, parents/family members for the vast majority of people with DD/ABD continue in the role of care coordinator at NO COST to the state.
- ***It means*** with the passage of Senate Bill 553 in June of 2016 the NH legislature recognized the need for a mandated stakeholder group as well as a robust planning process. However, to date there is still NO PLAN for STEP II.
- ***It means*** that individuals and their families must continue to fight the commercial managed care companies for rights and services **already guaranteed** in RSA 171:A, and endure chronic non-compliance of that law and protections for people with disabilities.
- ***It means*** *the high quality and fiscally responsible current support system we have built over the last 30 years that is continually examined and improved by the users of the system, is in jeopardy, in favor of an unproven, for-profit system.*

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- ***It means*** in STEP II we will move **FROM** a system whose mission it is to help individuals live good quality lives (Non-profit Area Agencies) **TO** a system whose goal is to make profits for shareholders of commercial managed care companies and sees only through the lens of medical necessity.
- *Because individuals may only choose a single commercial managed care company* ***It means*** in STEP II we will be moving **FROM** a system that is bottom-up, where the users of the system are the primary decision makers through volunteer Boards made up of their families and Area Agency governors, **TO** a top-down system where out-of-state entities will make decisions without our advice or consent and pass them down to us. The State will retain oversight, but the decision-making and control of funding will move to the commercial managed care companies.
- ***It means*** that STEP II individuals may be told they must leave their day/employment/residential program if the STEP I commercial managed care company they have chosen has not contracted with their STEP II vendor. The critical consistency many individuals require and have maintained for years to achieve necessary stability and quality of life may abruptly end.
- ***It means*** that for STEP II, commercial managed care companies who have little or no work experience delivering long-term care/support services will be responsible for providing critical and highly specialized services to our most vulnerable citizens. In fact, the state of Connecticut has moved away from commercial managed care and returned to a fee-for-service model. According to a March 2016 Wall Street Journal article since Connecticut went back to reimbursing doctors and hospitals directly the state saved money and improved care. The state cited the average cost per patient per month has decreased and the number of doctors willing to treat patients on Medicaid has increased by 7% resulting in less people seeking routine care in the ER. The nonpartisan Urban Institute study cited in the Wall Street Journal Article found no evidence that commercial managed care cut costs, but actually increases the likelihood of ER visits due to limited access to specialists and prescription drugs.
  http://www.wsj.com/articles/connecticut-moves-away-from-private-insurers-to-administer-medicaid-program-1458325696